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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/837,314	04/19/2001	Kevin Kawakita		9712

7590 04/03/2003

KEVIN KAWAKITA  
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TEMPLE CITY, CA 91780

[REDACTED]  
EXAMINER

BOMBERG, KENNETH

[REDACTED]  
ART UNIT PAPER NUMBER

3754

DATE MAILED: 04/03/2003

Please find below and/or attached an Office communication concerning this application or proceeding.



UNITED STATES DEPARTMENT OF COMMERCE  
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SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO.
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EXAMINER

SEARCHED

ART. UNIT

PAPER NUMBER

DATE MAILED:

### NOTICE OF INSUFFICIENT FILING FEES

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHIN WHICH TO SUBMIT THE BALANCE DUE. Extension of this 30 day period under 37 CFR 1.136(a) will not be permitted. Failure to respond within this period will result in the application becoming abandoned. 35 U.S.C. 133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application Fee Determination Record (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:



#### A. Filing Fees due upon filing the application

Total Filing Fees Due	= \$ <u>463</u>
Less Filing Fees Submitted	- \$ <u>(453)</u>
BALANCE DUE	= \$ <u>10</u>



#### B. Filing Fees due upon filing the amendment filed on \_\_\_\_\_

Total Fees Due	= \$ _____
Less Fees Submitted	- \$ (_____ )
BALANCE DUE	= \$ _____

*Gloria Porter*  
Clerk of Group

ATTACHMENT: FORM PTO-875

APPLICANT: PLEASE COMPLETE THIS PORTION AND RETURN THIS NOTICE WITH PAYMENT  
Fee submitted \$ \_\_\_\_\_ Signature \_\_\_\_\_

#### CERTIFICATE OF MAILING

I hereby certify that this notice and the required additional fee are being deposited with the U.S. POSTAL SERVICE as first class mail in an envelope addressed to:  
Commissioner of Patents and Trademarks, Washington, D.C. 20231, on (date) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective November 10, 1998

Application or Docket Number

**CLAIMS AS FILED - PART I**

		(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA	
BASIC FEE			
TOTAL CLAIMS	32	minus 20 = *	12
INDEPENDENT CLAIMS	3	minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT			

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

OTHER THAN  
OR SMALL ENTITY

RATE	FEES
	380.00
X\$ 9=	108
X39=	
+130=	
TOTAL	463

RATE	FEES
	760.00
X\$18=	
X78=	
+260=	
TOTAL	

**CLAIMS AS AMENDED - PART II**

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDT. FEE	

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDT. FEE	

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDT. FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.